

Practice Agreement

SDCL 36-4A-1.1 provides that a licensed physician assistant must have a practice agreement with a licensed physician and South Dakota Board of Medical and Osteopathic Examiners approval prior to beginning practice. Changes in the practice agreement also require Board approval.

A. Delegation of Tasks (Core Competencies)

Pursuant to SDCL 36-4A-1.1, 36-4A-26.1 and ARSD 20:52:01:03, a physician assistant may perform the following tasks and procedures as delegated by a supervising physician, **unless the task or procedure is stricken and initialed by a supervising physician**:

1. Approach a patient of any age group in any setting to elicit a medical history and perform a physical examination.
2. Assess, diagnose and treat medical or surgical problems and record the findings.
3. Order, interpret, or perform laboratory tests, X-rays or other medical procedures or studies.
4. Perform therapeutic procedures such as injections, immunizations, suturing and care of wounds, ear and eye irrigation and other clinical procedures.
5. Perform office surgical procedures including, but not limited to, skin biopsy, lesion or wart removal, toenail removal, removal of a foreign body, arthrocentesis, injection, casting, incision and drainage of abscesses.
6. Assist in surgery.
7. Provide prenatal and postnatal care and assist a physician in obstetrical care.
8. Perform and screen the results of special medical examinations including, but not limited to, electrocardiogram or Holter monitoring, radiography, audiometric and vision screening, tonometry, and pulmonary function screening tests.
9. Instruct and counsel patients regarding physical and mental health on matters such as diets, disease, therapy, and normal growth and development.
10. Function in the hospital setting by obtaining medical histories and performing physical examinations, making patient rounds, recording patient progress notes and other appropriate medical information, assisting in surgery, performing or assisting with medical procedures, providing emergency medical services and issuing, transmitting and executing patient care orders as delegated by the supervising physician.
11. Provide services to patients requiring continuing care (i.e., home, nursing home, extended care facilities).
12. Refer patients to specialty or subspecialty physicians, medical facilities or social agencies as indicated by the patients' health needs.
13. Immediately evaluate, treat and institute procedures essential to provide appropriate response to emergency medical problems.
14. Order drugs and supplies in the office, and assist in keeping records and in the upkeep of equipment.
15. Admit and discharge patients to a hospital or health care facility.
16. Order diets, physical therapy, inhalation therapy, or other rehabilitative services as indicated by the patient's diagnosis or medical condition.
17. Prescribe and provide drug samples or a limited supply of labeled medications to patients. This includes legend drugs and controlled substances. Controlled substances listed on Schedule II in chapter 34-20B may be prescribed or provided for one period of not more than thirty days, for treatment of causative factors and symptoms. Physician assistants may request, receive, and sign for professional samples of drugs provided by the manufacturer. Medications or sample drugs provided to patients shall be accompanied with written administration instructions and appropriate documentation shall be entered in the patient's record.
18. Administer medications.
19. May, at the request of a law enforcement officer, order withdrawal or withdraw a specimen of blood from a patient for the purpose of determining the alcohol concentration or the presence of drugs.
20. Direct medical personnel, health professionals and others involved in caring for patients in the execution of patient care.

PA Name (Print only)

Date

Supervision

Pursuant to SDCL36-4A-29 and ARSD 20:52:01:03:01, a physician by supervision, continuous monitoring, and evaluation, accepts initial and continuing responsibility for a physician assistant until such relationship is terminated. The physician must be available in person or via telecommunication at all times while the physician assistant is seeing patients (attach ADDENDUM 1 as necessary). **Print or type**

Supervising Physician(s):

_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date

Practice Sites

Pursuant to SDCL 36-4A, a licensed physician assistant may practice at any site delegated by a supervising physician. List those sites at which the PA named in this agreement may see patients (attach ADDENDUM 2 as necessary). **Print or type**

Practice Facility(s):

*Practice Facility Name: _____

Practice Facility Address: _____

Phone: _____ Fax _____

*Practice Facility Name: _____

Practice Facility Address: _____

Phone: _____ Fax _____

***FAX COPY OF THIS AGREEMENT TO 605-367-7786 (BOARD OFFICE).**

***KEEP THIS ORIGINAL ON FILE AT THE PRACTICE LOCATION.**

***MUST HAVE BOARD APPROVAL LETTER PRIOR TO PRACTICE.**

Termination

The terms of this agreement shall remain in effect as long as the terms defined herein describe the physician assistant's current practice unless the agreement is terminated in writing by either party. Pursuant to ARSD 20:52:01:05, upon termination of this agreement, the physician assistant shall notify the Board, in writing, of the termination and may not perform the functions defined in SDCL 36-4A-26.1 unless a new or amended practice agreement is filed with and approved by the Board.

PA Name (Print only)

Date

DO NOT FAX IF LEFT BLANK

ADDENDUM 1 – SUPERVISING PHYSICIANS

_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date

PA Name (Print only)

Date

DO NOT FAX IF LEFT BLANK

ADDENDUM 2 – PRACTICE SITES

*Practice Facility Name: _____

Practice Facility Address: _____

Phone: _____ Fax _____

*Practice Facility Name: _____

Practice Facility Address: _____

Phone: _____ Fax _____

*Practice Facility Name: _____

Practice Facility Address: _____

Phone: _____ Fax _____

*Practice Facility Name: _____

Practice Facility Address: _____

Phone: _____ Fax _____

*Practice Facility Name: _____

Practice Facility Address: _____

Phone: _____ Fax _____

*Practice Facility Name: _____

Practice Facility Address: _____

Phone: _____ Fax _____

PA Name (Print only)

Date

DO NOT FAX IF LEFT BLANK

ADDENDUM 3 – MODIFICATION OF THE PRACTICE AGREEMENT

Additional Delegation of Tasks

Pursuant to SDCL 36-4A-26.1 and 236-4A-1.1, the physician assistant may perform the following additional tasks as delegated by a supervising physician:

_____ Description of Task	_____ Supervising Physician Signature
------------------------------	--

_____ Description of Task	_____ Supervising Physician Signature
------------------------------	--

Please attach additional pages as necessary.

Describe the plan for meeting this requirement:

Supervision

Pursuant to SDCL 36-4A-29 and ARSD 20:52:01:03.01, the supervising physician and the physician assistant must meet in person at least twice per month to discuss patient care and review physician assistant practice, unless a request is made to and approved by the board that one of the meetings be held via telecommunication. The supervision plan should also describe provisional supervision plans in the event that the twice monthly requirement cannot be met due to unforeseen circumstances.

____ Modification requested. (Please describe modification and rationale below):

Pursuant to SDCL 36-4A-29 and ARSD 20:52:01:03:02, the supervising physician shall be physically onsite at least once every ninety days at each physician assistant practice location. This requirement does not apply to locations where health care services are not routinely provided (e.g. schools, patient homes, screening events, etc.).

____ Modification requested (Please describe modification requested and rationale below):

PA Name (Print only)

Date